

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589364

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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23		1		/		
24		2		/		
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26	/		/			
27		1		/		
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41		2		/		
42	/	2	/	/		
43	/	/	/	/		
44		/		/		
45	/		/			
46		3		2		
47		3		2		
48		3		2		
49		3		2		
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	48	←		←
TOTAL CLAIMS			53			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						